



TOWN OF CONCORD

BUILDING & ZONING PERMIT

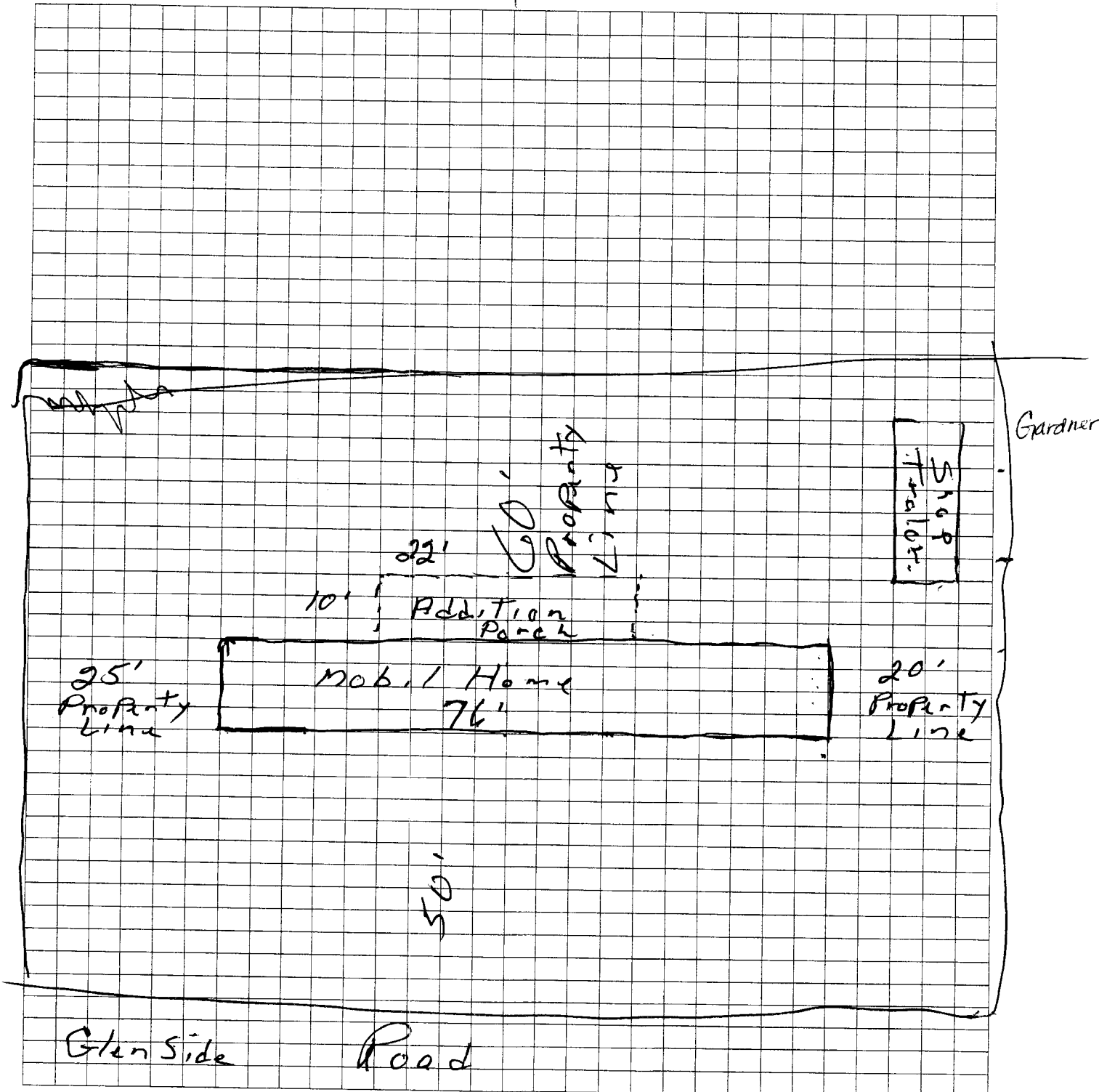
ZONING ADMINISTRATOR
 PO BOX 317, CONCORD, VT 05824
 802-695-1094 EXT 24
 ZONINGADMIN@CONCLERK.COM

Please use this form to request a zoning permit as required in the Concord Town Zoning Bylaws available at www.concordvt.us/zoneadmin.php. It is **HIGHLY RECOMMENDED** that applicant discuss the application and requirements with the Zoning Administrator prior to submission to ensure that all necessary information is submitted and to ensure efficient and timely processing of the application.

Applicant Last Name	Nason		First	Blake		Daytime Phone	802-622-4979	
Applicant Mailing Address	PO Box 604			E-mail Address				
City	Mo Concord		State	VT		ZIP	05858	
Property Owner Last Name (if different than applicant)	Castro-Kearney		First			Daytime Phone	603 524 0348	
Property Owner Mailing Address	142 Church St			E-mail Address				
City	Lacoma		State	VT		ZIP	03246	
Parcel ID #	21-7800808		Book	87		Pages(s)	520-521	
Areas of Lot in Acres	Length of Lot in Feet		112'		Width of Lot in Feet		124'	
Dimensions of Proposed Building	Width	10'	Length	22'	Will the Building be Occupied for Living Space	Yes	No	<input checked="" type="checkbox"/>
Distance Between Building Lines & Lot Lines	Front	4 ft	Side	50	Side	49	Rear	50
Proposed Use and/or Construction	Porch (Closed-in)							
I/we, the undersigned, request a zoning permit for the use and/or construction stated, to be issued on the basis of the representation contained in this application and any required submission materials. I/we fully understand that any incorrect or misleading representations may result in the permit becoming void and legal action instituted by the Town of Concord. I/we further understand that the permit may contain conditions with which I will be required to comply.								
Applicant's Signature	Blake Nason							
Owner's Signature (if different than applicant)	Justin A. Nason							

SITE PLOT PLAN DRAWING

Please see Site Plot Plan instructions on prior page for completion instructions and guidance.



Applicant

ZONING ADMINISTRATION OFFICE USE ONLY

Date Received by Zoning Administrator	06/15/2021	Initials	A. Girouard				
Application #	2021-17	Fee Paid \$	50 ⁰⁰ ck# 1166				
Approved	<input checked="" type="checkbox"/>	Denied	<input type="checkbox"/>	Returned Incomplete	<input type="checkbox"/>	Extension of Permit	<input type="checkbox"/>
Date of Inspection	06/25/2021	Date Decision Made by ZA	06/25/2021				

Reasons for Denial

Date Referred to Board of Adjustment	<input type="checkbox"/>	Conditional Use	<input type="checkbox"/>	Variance	<input type="checkbox"/>	Appeal	<input type="checkbox"/>
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Zoning Administrator's Signature

Alana Girouard

BOARD OF ADJUSTMENT OFFICE USE ONLY

At a meeting of the Board of Adjustment on _____ 20_____ the above application for a permit was considered and is hereby:

Approved	<input type="checkbox"/>	Denied	<input type="checkbox"/>
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Reasons for Denial

Board of Adjustment Representative Signature

CONCORD, VERMONT TOWN CLERK'S OFFICE

Received for record on _____ 20_____ at _____ o'clock _____ minutes and duly recorded in:

Book	<input type="text"/>	Page(s)	<input type="text"/>
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Attest: Town Clerk / Assistant Town Clerk Signature